EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT FORM 508

COVERING IA	NUARY 1 THROUGH II NUARY 1 THROUGH 2	UNE 30, <u>2006</u> - DUE AL ECEMBER 31,	JGUST 15 DUE FEBRA	JARY 15	
required by Title 49 (on behalf of <u>all</u> of its lobby by timely filing the Execu	r or principal of a lobbyist vists. This reporting form is tive Lobbying Expenditure	only to be us	sed by principal	g Expanditure Reports as s or employers who have n and are roporting on behalt
Hand deliver or mail OR Fax to: (225) 783	<u>to</u> : 2415 Quail Drive, 3 -8787 or (225) 763-8780	rd Floor, Baton Rouge, LA	70808	,	
	CIPAL AstraZeneca Pha	.O. Box 15437, Wilmingt	on Delawa	m 19850-5737	FOR OFFICE USE ONL Postmark Data: (22/1) EP-(08/06)
Z. BUSINESS AUDRES	Street and No.	City	State	Zip	St (*5/5-5)
MAILING ADDRES	Same as above				
	Street and No.	City	State	Zip	3061277
3. CONTACT PERSON		Amber		К.	3001.0
	Last	First		MI	
 MAILING ADDRES (If different from about 		est, Sulla 100 Akron, City	Ohio State	44308 Zlp	
5. PHONE NUMBER	(330) 761-9960				
	Area Code and	Phone Number	_		
6. List the names and o	xecutive lobbylst registrat	ion numbers of the lobbyls	ts on whose	behalf this repo	rt is filed:
1) Name: Barnett		Staphanie		_	.ID.#_212
Lest	-	First		MI EXEC	.ID.#
2) Name: Barrow		Patricle		L. EVEN	JD.# 211
Last		First		MI EXEC	AUA
3) Name: Bauer		Schelble		A. EYEC	.l _{D.#_} 217
Last		First		MI CAEC	

4) Name: Beatty	Toni	A.	EXEC.ID.# 242
Last	First	МІ	
5) Name: Bird	Keith	A	EXEC.ID.# 271
Last	First	MI	<u>-</u>
6) Name: Blistan	Beth	М.	EXEC.ID.# 230
Lest	First	Mi	
7) Name: Bonin	Loree	В.	EXEC.ID.# 199
Lan	First	М	
8) Name: Braud	Jeffrey	₩.	EXEC.ID.# 195
Last	First	MI	
9) Names Braun	Amy	<mark>.N.</mark>	EXEC.ID.#_221
Lask	First	МІ	
10) Name: Burleigh	Juli e	G.	EXEC.ID.#_203
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period; when applicable; (c) the aggregate total of all expenditures made by the principal/amployer in a calendar year.

a.	Total of all executive lobbying expenditures made January 1 through June 30:	\$	See signature page
	(Include expenditures from Schadules A and B)		
b.	Total of all executive lobbying expenditures made July 1 through December 31:	\$	··
	(When Applicable) (Include expenditures from Schedules A and B)		
G.	Total of all executive lobbying expenditures made during calendar year:	8	
	[Line "a" added to Line "b" should equal Line "c"]		

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbylsts.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

4) Name: Campo	Steven	М.	EXFC-ID.# 205
Last	First	MI MI	
5) Name: Cantrelle	Kevin	М.	EXEC.ID.*, 315
Last	First	Mi	
6) Name: Capiel	David	M.	EXEC.ID.#_207
Last	First	MI	
7) Name: Carler	Susan	۳.	EXEC.ID.# 220
Last	First	MI	
8] Name: Cordell	Misti	S.	EXEC.ID.# 270
Last	First	MI	
9) Name: Cyrus	Келту	J.	EXEC.ID.#_216
L ast	First	MI	
10) Name: Damall, Sr.	Robert	C.	EXEC.ID.# 233
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

à.	Total of all executive lobbying expenditures made January 1 through June 30: (Include expanditures from Schedules A and B)	See signature page
b.	Total of all executive lobbying expenditures made July 1 through December 31: (When Applicable) (Include expenditures from Schedules A and B)	\$
G.	Total of all executive lobbying expenditures made during calendar year: (Line "a" added to Line "b" should equal Line "c")	\$

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages			
Signature of Employer/Principal or Representative			
Print or Type Full Name			

4) Name: Eley, Jr.	!		
			EXEC.ID.e 234
5) Name: Finley	First	MI	
Lest — — —	<u> Bart</u>	S .	EVEO ID 4 214
	First		EXEC.ID.#_214
6) Name: Fowler	Lisa	L.	
Lest	First	— — — — — — — — — — — — — — — — — —	EXEC.ID.#_235
7) Name: George	Charles	_	
Last	<u></u>	— — <u>E.</u>	EXEC.ID.#_200
8) Name: Guerriero	Luke	MI	
Last		<u>w</u>	EXEC.ID.# 228
9) Name: Hall	·-	MI	—·— —·-
Lest	AJIIson		EXEC.ID.# 215
10) Name: Hebert	First		
Last	Mark	A.	EVEA ID 210
_ ,	First	- — — <u>MI</u> –	EXEC.ID.# 210
•	penditures made lanuary 1 through Jul les A and B)	ne 30: <u>§ S</u> ee	orting period: (b) the aggre regate total of all expenditu signature page
Total of all executive lobbying oxy (Include expenditures from Schedu b. Total of all executive lobbying oxy	penditures made January 1 through Jun les A and B)	ne 30: <u>§ S</u> ee	. Spece total of all expenditu
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4) Name: Helmke	Rachel	R.	EXEC.ID.# 244
Last	First	M	
5) Name: Hohorst	Ashley	A.	EXEC.ID.# 219
Last	First	M	
B) Name: Hull	Dennis	R.	EXEC.ID.# 243
Last	First	MI	
7) Name: Humphries	Judi	P	EXEC.ID.# 249
L36T	First	M	
8) Name: Kleinpeter	Stephen	M.	EXEC.ID.#_225
Last	First	MI	
9) Name: Llies	Jessica	F.	EXEC.ID.# 198
Last	First	MI	
10) Name: Manguno	Rebecca	М.	EXEC.ID.# 227
Last	First	МІ	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

a.	Total of all executive lobbying expenditures made January 1 through June 30:	See signature page
	(Include expenditures from Schedules A and B)	
b.	Total of all executive lobbying expenditures made July 1 through December 31:	\$
	(When Applicable) (Include expanditures from Schedules A and B)	
G .	Total of all executive lobbying expenditures made during calendar year:	\$
	(Line "a" added to Line 'b" should equal Line 'c")	

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

f hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages				
Signature of Employer/Principal or Representative				
Print or Type Full Name				
Print or Type Full Nume				

B. COMPLETE AN ATTACHMENT FOR I hereby certify that the in- knowledge, information an has been deliberately omitt	CERTIFICATION OF ACCUR formation contained herein is true and belief; and that no information resect. lure continued on following pages Signature of Employer/Principal or Re	IACY and correct to the equired by LSA.	ne best of my R.S. 49:71 et seq.
B. COMPLETE AN ATTACHMENT FOR I hereby certify that the in- knowledge, information an has been deliberately omitt	CERTIFICATION OF ACCUR formation contained herein is true a d belief; and that no information re ed.	IACY and correct to the equired by LSA.	ne best of my R.S. 49:71 et seq.
COMPLETE AN ATTACHMENT FOR I hereby certify that the in-	CERTIFICATION OF ACCUR	<u>IACY</u>	ne best of my R.S. 49:71 et seq.
B. COMPLETE AN ATTACHMENT FOR	CERTIFICATION OF ACCUR	L<u>ACY</u>	
	IM for each of your registered executive .	lobbyista.	
 Total of all executive lobbying ex (Line "s" added to Line "b" should a 	non-dia.	s	·
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7. PROVIDE BELOW.	First		EXEC.ID.# 226
10) Name: Puckett	Ched	Ε. ΜΙ	— — — _
tast	<u>Karen</u>	<u>A</u> :	EXEC. (D.#_301_
Last 9) Name: O'Toole Benoit	First	——————————————————————————————————————	EXEC.ID.# 229
8) Name: Milton	First Rebecca	WI	
7) Name: McDonald		J.	EXEC.ID.# 269
Last	First	—	EXEC.ID.# 201
6) Name: McCullough	Candace	W1	
		<u>_ </u>	EXEC.ID.≱ 208
Light	First	— — — <u>F.</u>	EXEC.ID.# 197
	·		

4) Name: Raguea	1		
Lest	- — — — _ Je ri		. EXEC.ID.# 196
5) Name: Rereshide	First	11/1	
Last	<u>Jennifer</u>		ENERGY - 1988
	First	- <u> </u>	EXEC.ID.#_202
6) Nerne: Rossie	Tracey	S.	
Lest	First	——— s. -	EXEC.ID.#_208
7) Name: <u>Seay</u>	Nicholas		
Last	First	——— H.	EXEC.ID.# 314
8) Name: Silvio		MI	
Last	 Jeffrey	_ _	EXEC.ID.# 213
e) Name: Sins	First	M	
	<u>_Amy</u>	C.	EVEN IN 924
	First	—— <u>——</u> . Мі	EXEC.ID.# 231
10) Name: Smith	Clark	E.	
	First	-	EXEC.ID.# 250
 Total of all executive lobbying a (Include expenditures from Sched 	apenditures made January 1 through June . Jules A and B)	30: <u>\$</u> See	porting period; (b) the aggreg pregete total of all expenditur signature page
Total of all executive lobbying ex- (include expenditures from Sched Total of all executive lobbying ex-	apenditures made January 1 through June . fules A and B)	30: <u>\$</u> See	a same roses of an exbeugith.
Total of all executive lobbying ex- (Include expenditures from Sched Total of all executive lobbying ex- (When Applicable) (Include expenditure) Total of all executive lobbying expenditure)	ependitures made January 1 through June . fules A and B) expenditures made July 1 through Decambe anditures from Schadules A and B)	30: <u>\$</u> See	a same roses of an exbeugith.
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4) Name: Soileau			
	<u>W Nam</u>	_ L.	Even in Odd
El es Sans	First		EXEC.ID.# 218
5) Name: Spencer	Adriane		
_ 	First	· — — — -	EXEC.ID.#_438
6) Name: <u>Tergerson</u>	Michael	ותו	
Last		D	EXEC.ID.# 241
7) Name: Townson	-	MI	
	Jennifer	Ļ.	EXEC. ID. 8 209
8) Name: Triplett	First	M!	
Last — — —	David	W.	
	First		EXEC.ID.# 224
9) Name: Usie	Кеплет		
Last		- — _ J	EXEC.ID.# 223
10) Name: <u>Viator</u>	Lori	ΜI	
Lest — — — —	—·— ——————————————————————————————————	<u>L</u>	EXEC.ID.# 222
7. PROVIDE RELIGIANCES	total of all expenditures during the Jenuary ecember 31 reporting period when applica year.	MI	
 Total of all executive liabbying exp (When Applicable) (Include expense) 	Denditures made July 1 through December : Iditures from Schedules A and B)	_	signature page
c. Total of all executive lobbying exp (Line "a" added to Line "b" should ac	enditures mede during calendar year: lual Line "c")	s	
8. COMPLETE AN ATTACHMENT FORM	of for each of your registered executive lob	byists.	_
	CERTIFICATION OF ACCURAC	ΣΥ	
I hereby certify that the info knowledge, information and has been deliberately omitte	ormation contained herein is true and belief; and that no information requi		e best of my R.S. 49:71 et seq.
Signatu ———-	re continued on following pages		
	Signeture of Employer/Principal or Repre	Sontative	
	Print or Type Full Name		

4) Name:_YVal(.			
	Stephan	Ē,	EVPO I . 922	
et	First	— — <u>—</u>	EXEC.ID.#_232	
5) Name: Zaunbrecher	Therese			
Last	First	<u>M.</u> .	EXEC.ID.# 204	
6) Name: Rosenau	.	МІ	— — -	
Last	<u>Samuel</u>	C,	EXEC.ID. # 362	
7] Name:_Schifer	First — — —	MI		
Last — — — —	Julie			
	First	———	EXEC.ID.#	
6) Name:_ <u>N/A</u>		1491		
Last			EXEC.ID.#	
9) Name: N/A	11124	MI		
			EVEA ID II	
TOTAL N/A	First — — —	МІ —	EXEC.ID.#	
10) Name: N/A				
	First — — — — —	— <u>—</u> –	EXEC. ID.#	
 PROVIDE BELOW: (a) the aggregate total of all expanditures during the July 1 - Decem- by the principal/employer in a calendar year. Total of all executive lobbying expand (Include expanditures from Schedules A 		(c) the agg	gave total of all expenditures ma	tal de
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8. COMPLETE AN ATTACHMENT FORM for	each of your registered executive lobbyist	is.		
2	CERTIFICATION OF ACCURACY			
knowledge information and	ation contained herein is true and cor lef; and that no information required	rect to th	r	
nes open damperately omitted.	7) Comment reduced	Dy LSA-	R.S. 49:71 et seg.	
i (1)	treavel Donald			

Paga 9 of <u>24</u>9

Print or Type Full Name

Adriane Spencer

Signature of Employer/Principal or Representative

Form508, Rev. 7/04

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ATTACHMENT

This Afticulament is to be used to complete hain #il of Form 508, the report form for principals and employers who have elected to report on behalf of their executive tobbyists, Make as many copies of this form as needed for the completion of the expenditure report, identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYI	ST: Campo	s	teven		м.	,	
	Last	Fi	rst			EXEC ID#_2	
A.	Total of all executi	ve lobbying expend Include expenditures	ltures ma From Selv	ede January 1 o edules A and 8)	hrough June 30:	\$ <u></u>	
	Total of all execution	ve lobbying expend When Applicable) (I	itures ma rociuda ex	de July 1 thros penditures from	igh December 31; Schedules A and B	s_N/A	
	Total of all executive		ilures ma	de durina caler	orfor ware	\$ <u>408.28</u>	- — —
Ð.	Old this lobbyist m					cutive branch officia	hi:
	From Janua	ary 1 through June : 1 through Decembe	30?	☑ Yes ☐ Yes	□ No		
	If the answer to eith	er question in Babo	ove is YE	S. camplete \$c	hedule A and attac		
Ċ.	Did this lobbyist ma						
	From January 1 thro From July 1 through	⊔gh June 30?		. 🗖	No.□	NA 🗹	
	If the answer to eith	er question in C abo	ove is YE	S. complete Sc	hedule A and strad	÷h.	
D.	Did this lobbyist exp executive branch offi	end funds for any re	Contina				
		Yes 🔲		No 🗹			
	If the answer to D ab	ive is YES, complete	e Schedul	le B and attach			교 :
							;

Une	ROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule gregate total of all expenditures attributable to the department imade by this lobbylat during the January 1 - porting period; (c) the aggregate total of all expanditures attributable to the department imade by this lobbyist a July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expanditures made obyist in a calendar year attributable to the department.
٦)	a. Name of Department: Department of Education
	b. Total of all expenditures made January 1 through June 30: § 271.24
	c. Total of all expenditures made July 1 through December 31: 3_N/A
	d. Total of all expenditures made during the calendar year:
2)	a. Name of Department: Department of Health and Hospitale
	b. Total of all expenditures made January 1 through June 30: \$ 197.04
	c. Total of all expanditures made July 1 through December 31: \$ N/A (When applicable)
	d. Total of all expenditures made during the calendar year:
3)	a. Name of Department: N/A
	b. Total of all expenditures made January 1 through June 30;
	c. Total of all expanditures made July 1 through December 31: \$
	d. Total of all expenditures made during the calendar year: \$ 0.00
4)	a. Name of Department N/A
	b. Total of all expenditures made January 1 through June 30: \$
	c. Total of all expenditures made July 1 through Decamber 31: \$ (When applicable)
	d. Total of all expenditures made during the calendar year: \$_0.00

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbylst during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbylst during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbylst in a calendar year attributable to the agency.
 Name of Department and Individual Agency: Department of Education,
Louislana State University Health Sciences Center
——————————————————————————————————————
b. Total of all expanditures made January 1 through June 30: 8_201.40
c. Total of all expanditures made July 1 through December 31: \$_N/A
d. Total of all expenditures made during the calendar year: \$_ 201.40
 a. Name of Department and Individual Agency:Department of Health and Hospitals,
Feliciana Forensic Facility
b. Total of all expenditures made January 1 through June 30; \$ 137,04
c. Total of all expenditures made July 1 through December 31: \$ N/A (When applicable)
d. Total of all expenditures made during the calendar year: \$_137.04
a. Name of Department and Individual Agency: Department of Education,
Medical Center of Louisiana at New Orleans
b. Total of all expenditures made January 1 through June 30: \$ 69.84
c. Total of all expenditures made July 1 through December 31: \$\frac{N/A}{2} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
d. Total of all expanditures made during the calendar year: \$_ 69.84
4) a. Name of Department and Individual Agency: N/A
b. Total of all expenditures made January 1 through June 30:
c. Total of all expenditures made July 1 through December 31: \$
d. Total of all expenditures made during the calendar year: \$_0.00
Fonn 508, Rev. 7/04 Page 42 of 249

Executive Lobbyist: _C	gambo	Steven		M.	F	206
L	.apt	First		м	Exec. Id #:	
SCHEDULE ,	A: EXP	ENDITURES F	OR EXECUTIV	/E 00	ANCHO	
This schedule must be complete executive lobbyists made either exceeding \$250 for any one ex expenditure(s) and the aggregat lobbyist should have his own So expenditures from the first half	ed if, during the self and expending the securive branch to botal of expensional the security of the security and the security of the security and the security	ili period lanuary 1 throi ture for any executive bi n official during a repo politures made on that in it is required MOTE. D	ugh Juno 30 or the period J ranch official exceeding \$51 rting period, then you mu:	luly 1 thr 0 on any st provid	ough Decamber 3 one occasion or b	1, one of your registers
I. EXECUTIVE OFFICIAL'S NAME	LISTE	ICIAL'S AGENCY AS IN THE EXECUTIVE IH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 3D	EXPEN ON AI WHOM SPENT ONE O MADE EXCED BETWI	OUNT OF IDITURES MADE I OFFICIAL FOR I YOU ETHER OVER \$50 ON CCASION ON EXPENDITURES DISCRESSED EMBLEY 1 AND BEER 31	5. TOTAL OF COLUMNS 3 AND 4
ian Bore	Felicial	na Forensic Facility	\$67.20	_		\$67.20
ong Vyas	Medica Louisia	i Center of na at New Orleans	\$69.84	<u>-</u>		\$69.84
nkel Vyas	Fellciar	ia Forensic Facility	\$69.84	_		\$6 9.84
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